DATENT APPLICATION FEE	DETERMINATION RECORD
PAICHTALLEGATION	

Effective October 1, 2000

Application or Docket Number

09854314

CLAIMS AS FILED - PART I (Column 1) (Column 2)				SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY			
	(Column 1)	Colum	1000	ŗ	RATE	FEE	Γ	RATE	FEE	1
TOTAL CLAIMS	20			ļ,		355.00	OR E	ASIC FEE	710.00	,
FOR	NUMBER FILED	NUMBER	EXIHA	-			I 1	X\$18=		1
TOTAL CHARGEABLE CLAIMS	<i>)</i> 0 minus 20)= *			X\$ 9=		OR	X80=		1
NDEPENDENT CLAIMS	(minus 3	= \			X40=	40.00	OR			\dashv
MULTIPLE DEPENDENT CLAIM	A PRESENT				+135=		OR	+270=		4
to the difference in column 1	is less than zero, e	nter "0" in co	lumn 2	•	TOTAL	395-20	OR	TOTAL		4
* If the difference in column 1 is less than zero, enter "0" in column 2 CLAIMS AS AMENDED - PART II						- \ ITIT\/	OR	OTHE	R THAN .ENTITY	,
(Column	1) (C	olumn 2) (Column 3	<u>)</u>	SMALLE		1		ADD	_
CLAIMS	NG PF	HIGHEST NUMBER REVIOUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	TION. FEE	AL
Total * Independent *	NT	PAID FOR	=	1	X\$ 9=		OR	X\$18=	:	
Total *	Minus **	*	=	1	X40=		OR	X80=		
Independent * FIRST PRESENTATION C	OF MULTIPLE DEPEN	DENT CLAIM			+135=		OR	+270=	=	
					TOTAL		OF	TOT		
					ADDIT. FEE	L	امال	ADDIT. F	EE	
(Colum	n 1)	(Column 2)	(Column	3)		1 : 221	- 1		AD	DI-
CLAIN	S	HIGHEST NUMBER	PRESEN	⊤ }	RATE	ADDI- TIONA		RATI	E TIOI	NAL
REMAIN AFTE	R S	PREVIOUSLY PAID FOR	EXTRA	1	NAIL	FEE			— FE	<u>E</u> _
WEND		*	=		X\$ 9=	1	0	R X\$18	3=	
Total * Independent *		***	=		X40=		\neg _o	R X80	=	
FIRST PRESENTATION	OF MULTIPLE DEPE	NDENT CLAIN	1		+135=	1	\neg	B +270)=	
					TOTA		{	_ L	OTAL	
					ADDIT. FE	E		ADDIT.	FEE	
(Colu	mn 1)	(Column 2)	(Colum	n 3)					Ι Δ	DDI
CLA	MS CONTRACTOR	HIGHEST NUMBER	PRESE		DATE	ADD TION		RA	TE TI	ANC
REMA AFT	ER S	PREVIOUSLY PAID FOR	EXTR	A	RATE	FEI				FEE
AMENI	Minus	**	=		X\$ 9=	=		OR X\$	18=	!
Total * Independent *	Minus	***	=		X40=	_	\neg	OR XE	30=	
Independent * FIRST PRESENTATION		ENDENT CLA	IM]		\neg		70=	
FIRST PRESENTATIO					+135			J⊓ [
* If the entry in column 1 is l	ess than the entry in colu	mn 2, write "0" ir	column 3.	ter "20	TO ADDIT. F	TAL EE		OR _{ADDI}	TOTAL T. FEE	
* If the entry in column 1 is li ** If the "Highest Number Pro ***If the "Highest Number Pro	eviously Paid For" IN THIS eviously Paid For" IN THI	S SPACE IS IUSS S SPACE IS IUSS	than 3, ente	er "3."	ner found in th	e appropri	ate box	in column	1.	
** If the "Highest Number Pro ***If the "Highest Number Pro The "Highest Number Pre	viously Paid For" (Total or	r Independent) is	s the nighest	. Hullic					AENT OF C	

This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER:	

Total Fee Calculation

	Fee Code	Total # Claims	Number Extra	x	Fee	Fee	=	Total
> -	Sm./Lg.				Sm. Entity	Lg. Entity		
Basic Filing Fee	201/101		•				=	
Total Claims >20	203/103	-20 =		X			=	
Independent Claims >3	202/102	-3 =		X			=	
Mult. Dep Claim Present	204/104						=	
Surcharge	205/105						=	
English Translation	139							
TOTAL FEE CALCUL	<u>ATION</u>							
Fees due upon filing	the application	;				÷		
Total Filing Fees Du	e = \$	395		_				
Less Filing Fees Sub	mitted - \$ _	355		_				
BALANCE DUE	= \$	40	·					

Office of Initial Patent Examination